

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER KLEINFELDER		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State 12
AREA CODE/PHONE NUMBER 858-320-2242	I.D. NUMBER (if applicable) 497594	Report No. 2008 02		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY SAN DIEGO	STATE CA	ZIP CODE 92122	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF CC WAIVER, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	Californians for High Speed Trains Yes on Proposition 1A ID # Sacramento, CA 95814	Proposition 1A	5,000	11/4/08

Reason for Amendment: _____

MD
F-705
T-497 P 001/001
16:26
UCT 30 ZUUZ
+18585587636
OCT-30-2008 03:30PM FROM-KLEINFELDER

MISC

5

10-30-'08 16:34 FROM-C. Brehmer, Atty.
661-322-7072
Oct 30 2002 16:42
T-027 P002/002 F-289
CAND

MISC

5

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Brehmer For Judge		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (661) 322-1800	I.D. NUMBER (if applicable) 1305610	Report No. 2008-03	in the office of the Secretary of State of the State of California	
STREET ADDRESS CITY Bakersfield,		STATE CA	ZIP CODE 93309	
		<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1		

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
DEBRA BOWEN
Secretary of State

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2008	George Martin Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Of Counsel Borton, Petrini & Connon, LLP	\$2,500 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

MD

MISC

S

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Ross Farnsworth			Date of This Filing 10/30	RECEIVED AND FILED In the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		Report No.		For Official Use Only P
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Mesa	STATE AZ	ZIP CODE 85206	No. of Pages		1313202

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$25,000	

Reason for Amendment: _____

MD

497 Contribution Report

Brett Nattress

MISC
Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Brett Nattress			Date of This Filing 10/30	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State 1313193
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		Report No.	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Fruiland	STATE ID	ZIP CODE 83619	No. of Pages	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$10,000	

Reason for Amendment _____

MD

497 Contribution Report

Misc
Type or print in ink.
Amounts may be rounded to whole dollars.

S

497 CONTRIBUTION REPORT

NAME OF FILER <u>Murdy</u> Wayne Murdy		Date of This Filing <u>10/30</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State 1313204
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cherry Hills Village	STATE CO	ZIP CODE 80113-4012	No. of Pages _____	

2. Contribution(s) Made

DATE MADE	FULL NAME STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$10,000	

Reason for Amendment: _____

MD

497 Contribution Report

MISC

Type or print in ink.
Amounts may be rounded to whole dollars.

S

497 CONTRIBUTION REPORT

NAME OF FILER Robert Gay		Date of This Filing <u>10/30</u>	Date Stamp RECEIVED AND FILE in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only <u>R</u> <u>1313206</u>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Wellington	STATE FL	ZIP CODE 33414	No. of Pages _____	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$49,000	

Reason for Amendment: _____

S

MISC

MD
461

PAGE 02/02

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER North American Health Care, Inc.		Date of This Filing _____	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 State For Official Use Only
AREA CODE/PHONE NUMBER 949-240-2423	I.D. NUMBER (if applicable) 482421	Report No. _____	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS Dana Point		CITY CA	STATE 92629	ZIP CODE 2

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	Dave Jones for Assembly 2008 c/o Bertolina & Barnato Sacramento, CA 95814	Dave Jones/ Assembly	\$1,200	11/4/08

Reason for Amendment: _____

Oct 30 2002 12:31

ADMIN

9492184694

10/30/2008 12:42

MD 497 Contribution Report

MISO
Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Jonathan Cannon		Date of This Filing 10/30	Date Stamp	CALIFORNIA FORM 497 RECEIVED AND FILED In the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (exp'n below)	R	
CITY Flowermound	STATE TX	ZIP CODE 75028	1313190	
No. of Pages				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$10,000	

Reason for Amendment: _____

MD.
497 Contribution Report

MISC
Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Peter Evans			Date of This Filing 10/30	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R 1313189
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable)		Report No.		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages		
CITY San Antonio	STATE TX	ZIP CODE 78231			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$10,000	

Reason for Amendment: _____

497 Contribution Report

MISC

5

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER MoveOn.org Political Action		Date of This Filing 10/30/2008	Date Stamp RECEIVED AND in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State 12
AREA CODE/PHONE NUMBER 916/442-2952	ID NUMBER (if applicable) 1313002	Report No. 1611	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Berkeley, CA 94703	STATE CA	ZIP CODE 94703	
		No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/2008	No on 8, Equality for All (#1259396) West Hollywood, CA 90069	Proposition 8 - Eliminates Right of Same Sex Couples to Marry	9,993 30	11/04/2008

Reason for Amendment: _____

MISC

5

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Platinum Performance, Inc.			Date of This Filing <u>10-29-08</u>	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California	CALIFORNIA FORM 497 For Official Use Only <div style="text-align: right;">12</div>
AREA CODE/PHONE NUMBER 805-688-1731	I.D. NUMBER (if applicable) <u>1307405</u>		Report No. <u>PP3</u>	OCT 30 2008	
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		DEBRA BOWEN Secretary of State
CITY Buellton	STATE CA	ZIP CODE 93427	No. of Pages <u>1</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10-28-08	Media West Santa Barbara, CA 93101	Steve Pappas for 3rd District Supervisor	\$40,775	11-04-08
10-28-08	Richmond Productions, Inc. Solvang, CA 93463	Steve Pappas for 3rd District Supervisor	\$4,000	11-04-08

Reason for Amendment _____

W 13 C

3

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER The Committee to Elect Mark Hood Judge			Date of This Filing 10/29/08	RECEIVED Date Stamp OCT 30 2008 in the office of the Secretary of State of the State of California	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 831-869-1837	I.D. NUMBER (if applicable) 1304980		Report No. 2	DEBRA BOWEN Secretary of State	R
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Pacific Grove	STATE CA	ZIP CODE 93950	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/29/08	John D'Arrigo Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive D'Arrigo Bros Co	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment. _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

MISC

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Colusa Indian Community Council			Date of This Filing 10/29/2008	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530/458-8231	I.D. NUMBER (if applicable) N/A 499301		Report No. 1			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Colusa	STATE CA	ZIP CODE 95932	No. of Pages 1			R

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/22/2008	People Against the Prop. 5 Deception Sacramento, CA 95833 Committee I.D.# 1308198	Proposition 5--(Oppose)	\$25,000.00	November 4, 2008

Reason for Amendment: _____

MISC

S

MD 497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER The Vineyard Group		Date of This Filing 10/30	RECEIVED AND FILE in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1308762	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Mesa	STATE AZ	ZIP CODE 85209		
		No. of Pages _____		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTERED NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$100,000	

Reason for Amendment: _____

M130

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Patty Phillips		Date of This Filing 10/30/08	RECEIVED AND FILED in the Office of the Secretary of State of the State of California OCT 30 2008 <input type="checkbox"/> Amendment to Report No. DEBRA BOWEN (explain below) Secretary of State No. of Pages _____	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 650/948-1460	ID NUMBER (if applicable) 1313180			
STREET ADDRESS Los Altos		CITY Los Altos	STATE CA	ZIP CODE 94024

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	NCLR/ No on Prop 8 San Francisco CA 941022	No on Prop 8	\$2,500.00	Nov 4, 2008

Reason for Amendment:

help No on 8 campaign marketing

MISC

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Greenberg Traurig, P. A.		Date of This Filing 10/30/08	RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 305-579-0851	I.D. NUMBER (if applicable) 1287702	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Miami	STATE FL	ZIP CODE 33131		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	John Chiange for Controller FPPC#1293148 Sacramento, CA 95814	Controller	\$1,000.00	
10/29/08	Ted Lieu for Assembly 2008 Torrance, CA 90501	Assembly	\$1,000.00	

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

misc

1/3

5

NAME OF FILER Family Research Council		Date of This Filing 10/30/08	RECEIVED AND FILED Date Stamp in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 202-393-2100	I.D. NUMBER (if applicable) Not yet Assigned <i>1313185</i>	Report No. One		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Washington, DC 20001	STATE DC	ZIP CODE 20001		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/08	Robert Nelson, Gaithersburg, MD 20882	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/08	Joel Starenberg, Holland, MI 49423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scheduler, Request Foods	\$250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/08	Charles Eden, Atlanta, GA 30339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP, Burke, Inc.	\$7,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (November/07)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

FAMILY RESEARCH

Oct 30 2008 12:42

003

Cap

misc

2/3

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Family Research Council		Date of This Filing 10/30/08	RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 202-393-2100	I.D. NUMBER (if applicable) Not yet Assigned 1313185	Report No. One		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Washington, DC 20001	STATE ZIP CODE	No. of Pages -3-		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/08	William Morgan, Rosehill Franklin TN 37089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction, Bouchard & Sons	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/08	Thomas Anderson, Bernardsville, NJ 07924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

CP

MISC

3/3

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Family Research Council		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 202-393-2100	I.D. NUMBER (if applicable) Not Yet Assigned 1313185	Report No. One		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Washington, DC 20001	STATE DC	ZIP CODE 20001		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	ProtectMarriage.com, Riverside, CA 92887	Proposition 8	\$64,250.00	11/4/08

Reason for Amendment: _____

MD

MISC

1/2

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER JOSEPH W. COTCHETT		Date of This Filing 10/30/08 in the office of the Secretary of State of the State of California	Date Stamp RECEIVED AND FILED OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 650 697-6000	ID NUMBER (if applicable) 492005	Report No. 3	For Official Use Only	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Burlingame	STATE CA	ZIP CODE 94010	No. of Pages 1 of 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER JOSEPH W. COTCHETT		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 650 697-6000	I.D. NUMBER (if applicable) 492005	Report No. 3			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Burlingame	STATE CA	ZIP CODE 94010	No. of Pages 2 of 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	No On Proposition 8 ID#1259396 San Francisco, CA 94114	No on Proposition 8	\$5,000	11/4/08

Reason for Amendment: _____

To: {} Page 1 of 2 0ct 30 2002 11:04 2008-10-30 18:05:03 (GMT)

19164710232 From: Laura Ortega

CARD

MISC

1/2

5

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Kermit Marsh for Judge			RECEIVED AND FILED in the office of the Secretary of State 10/30/2008 the State of California		LATE CONTRIBUTION REPORT	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1305095		CALIFORNIA FORM 497		
STREET ADDRESS			Report No. 001 OCT 30 2008		For Official Use Only	
CITY Westminster			<input type="checkbox"/> Amendment to Report No. (explain below)			
STATE CA ZIP CODE 92683			DEBRA BOWEN Secretary of State			
			No. of Pages 2		1 / 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2008 	Jim Barisic Irvine ID: CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder Brandywine Homes	1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

MISC

2/2

S

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Kermit Marsh for Judge		Date of This Filing _____	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (# applicable) 1305095	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

MD

MISC

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER LaBorna Eichenberg		Date of This Filing 10/30	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R LHA
AREA CODE/PHONE NUMBER 949-675-6212	ID. NUMBER (if applicable) 1313208	Report No. 1-2008		
STREET ADDRESS				
CITY Newport Beach, CA	STATE CA	ZIP CODE 92662		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/2008	ProtectMarriage.com, a Project of California Renewal (11392582) Sacramento, CA 95814	Constitutional amendment to eliminate right of same-sex couples to marry: Prop 8 State of California	10,600.00	11/04/2008

Reason for Amendment: _____

001

ct 30 2008 17:01 + SECSTATE

PRESLEY&ASSOC

10/30/2008 17:44 FAX 9498586807

MISC

1/5

5

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Orange County Young Democrats		Date of This Filing 10/29/2008	RECEIVED AND FILED in the office of the Secretary of State of California OCT 30 2008 DEBRA BOWEN Secretary of State R	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1277204	Report No. 001		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY Burbank	STATE CA	ZIP CODE 91502		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jose Solorio				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD State Assembly Person	DISTRICT NO. 69	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
California							

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2008	Independent Expenditure: Mailer	1198.99
10/29/2008	Independent Expenditure: Mailer	15.72

Reason for Amendment: _____

Late Independent Expenditure Report

MISC

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 30 2008

DEBRA BOWEN
Secretary of State

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM **496**

I.D. NUMBER (if applicable)

1277204

NAME OF FILER

Orange County Young Democrats

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/22/2008	Association Of Orange County Deputy Sheriffs Issues Committee Sacramento CA 95814-396 1308278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	If loan, enter interest rate, if any _____%
10/09/2008	Phillip Bacerra Santa Ana CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	If loan, enter interest rate, if any _____%
10/09/2008	Anne Clement Anaheim CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	If loan, enter interest rate, if any _____%
09/30/2008	Committee To Elect Mark Mc Loughlin Orange CA 92865 1309731	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	If loan, enter interest rate, if any _____%
10/27/2008	Friends Of Councilman Vincent Sarmiento Santa Ana CA 92701 1301723	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3500.00	If loan, enter interest rate, if any _____%
10/14/2008	Friends Of Councilman Vincent Sarmiento Santa Ana CA 92701 1301723	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Late Independent Expenditure Report

MISC
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 30 2008

DEBRA BOWEN
Secretary of State

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM **496**

I.D. NUMBER (if applicable)

1277204

NAME OF FILER

Orange County Young Democrats

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/22/2008	Hotel Employees & Restaurant Employees Union Local 681 PAC Garden Grove CA 92843 940489	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	If loan, enter interest rate, if any _____%
10/09/2008	Jeff Letourneau Brea CA 92823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President LAMBDA Investigations	150.00	If loan, enter interest rate, if any _____%
10/09/2008	Carl Mariz Irvine CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	If loan, enter interest rate, if any _____%
10/09/2008	Victor Mendez Irvine CA 92623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	If loan, enter interest rate, if any _____%
10/09/2008	Donald Mullen San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Of Policy City Of San Diego	150.00	If loan, enter interest rate, if any _____%
09/26/2008	Orange County Employees Association Santa Ana CA 92702	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Late Independent Expenditure Report

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

OCT 30 2008

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM **496**

I.D. NUMBER (If applicable)

1277204

NAME OF FILER
 Orange County Young Democrats

DEBRA BOWEN
 Secretary of State

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
08/21/2008	Orange County Young Republican Newport Beach CA 92658	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	If loan, enter interest rate, if any _____%
10/27/2008	Pulido For Mayor Santa Ana CA 92701 941669	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3500.00	If loan, enter interest rate, if any _____%
10/22/2008	Pulido For Mayor Santa Ana CA 92701 941669	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	If loan, enter interest rate, if any _____%
10/29/2008	Michael Ray Irvine CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President J Ray Construction	3000.00	If loan, enter interest rate, if any _____%
10/09/2008	Natalie Rubalcava Anaheim CA 92806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Los Angeles Times	100.00	If loan, enter interest rate, if any _____%
10/09/2008	SD Kapadia Inc Mission Viejo CA 92692	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		140.00	If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (Jan/03)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772

Late Independent Expenditure Report

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 30 2008

DEBRA BOWEN
Secretary of State

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM 496

I.D. NUMBER (if applicable)

1277204

NAME OF FILER

Orange County Young Democrats

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
08/21/2008	South Orange County Democratic Club	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	If loan, enter interest rate, if any _____%
	Mission Viejo CA 92690				
10/09/2008	Mani Thakur	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Manager UMA Inc	150.00	If loan, enter interest rate, if any _____%
	Fullerton CA 92833				
10/09/2008	Elizabeth Trammell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Analyst UCI	100.00	If loan, enter interest rate, if any _____%
	Irvine CA 92612				
10/09/2008	Jai Verma	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Jai P. Verma	150.00	If loan, enter interest rate, if any _____%
	Irvine CA 92620				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

CP

misc

5

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Orange County Young Democrats		Date of This Filing 10/29/2008	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1277204	Report No. 006			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)			
CITY Burbank	STATE CA	ZIP CODE 91502	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Yes On Prop 2			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				2	State of California	X	

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2008	Independent Expenditure: Mailer	1198.99
10/29/2008	Independent Expenditure: Mailer	15.71

Reason for Amendment: _____

Late Independent Expenditure ReportType or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Orange County Young Democrats		Date of This Filing 10/29/2008	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1277204	Report No. 008			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)			
CITY Burbank	STATE CA	ZIP CODE 91502	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Proposition 4			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				4	State of California		X

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2008	Independent Expenditure: Mailer	1198.98
10/29/2008	Independent Expenditure: Mailer	15.71

Reason for Amendment: _____

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Orange County Young Democrats		Date of This Filing 10/29/2008	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1277204	Report No. 007			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)			
CITY Burbank	STATE CA	ZIP CODE 91502	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Proposition 5			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				5	California	X	

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2008	Independent Expenditure: Mailer	1198.99
10/29/2008	Independent Expenditure: Mailer	15.71

Reason for Amendment: _____

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Orange County Young Democrats		Date of This Filing 10/29/2008	RECEIVED AND FILED in the Office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1277204	Report No. 009		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY Burbank	STATE CA	ZIP CODE 91502		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

OFFICE SOUGHT OR HELD

DISTRICT NO.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

Vote No on Prop 8, Equality for all

BALLOT NO./LETTER

8

JURISDICTION

California

SUPPORT

X

OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2008	Independent Expenditure: Mailer	1198.98
10/29/2008	Independent Expenditure: Mailer	15.71

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER David desJardins		Date of This Filing 10/30/08	DECEIVED AND FIL in the office of the Secretary of of the State of California	497 FORM For Official Use Only
AREA CODE/PHONE NUMBER 650-348-8997	LD. NUMBER (if applicable) 1313235	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	OCT 30 2008	
CITY Burlingame	STATE CA	ZIP CODE 94010	DEBRA BOWEN Secretary of State K	
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/22/08	No on 8, Equality for All West Hollywood Diva ID #1259696 CA 90069	Proposition 8. State.	\$5000	11/4/08

Reason for Amendment _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

S

497 CONTRIBUTION REPORT

NAME OF FILER Orrick, Herrington & Sutcliffe, LLP		Date of This Filing 10/30/2008	RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 916/447-9200	I.D. NUMBER (if applicable) 486174	Report No. 1614		
STREET ADDRESS 000		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/2008	Friends of Hart High School District - Committee for Measure SA (W1310010) Valencia, CA 91355	Measure SA - William S. Hart Union High School District	1,500.00	11/04/2008

Reason for Amendment: _____

10/30/2008

16:38

OLSON, HAGEL

9164421280 + SOS

Oct 30 2002 17:38

NO.190 0001

MISC

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Dino DeFazio/GreenTree Food Enterprises/Artisan Home Builders		Date of This Filing <u>10/30/2008</u> in the office of the Secretary of State of the State of California	RECEIVED AND FILED CALIFORNIA FORM 497 For Official Use Only OCT 30 2008 DEBRA BOWEN Secretary of State 12
AREA CODE/PHONE NUMBER 760-955-3421	ID. NUMBER (if applicable) <u>1313229</u>	Report No. <u>1-2003</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Victorville, CA	STATE CA	ZIP CODE 92392	
		No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTERED NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/2008	Ryan McEachron for Victorville City Council (H1298557) Victorville, CA 92392 *Donation made through GreenTree Food Enterprises	Ryan McEachron City Council Member City of Victorville	3,509.37	11/04/2008

Reason for Amendment: _____

misc

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
FAMILY RESEARCH COUNCIL

AREA CODE/PHONE NUMBER
I.D. NUMBER (if applicable)

STREET ADDRESS

CITY
HOLLAND, MI 49424

STATE
MI

ZIP CODE
49424

Date of This Filing 10/30/2008

Report No. 1

☐ Amendment to Report No. (explain below)

No. of Pages 1

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

RECEIVED AND FILED in the office of the Secretary of State of the State of California

OCT 30 2008

DEBRA BOWEN Secretary of State

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER LO NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/2008	PROTECTMARRIAGE.COM (#1302592) Sacramento, CA 95833	LIMITS ON MARRIAGE STATEWIDE	8,741.52	

Reason for Amendment: _____

OCT. 30. 2008 6:53PM

OCT 30 2002 19:10 NO. 176 P.4

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER BOYD C. SMITH		Date of This Filing 10/30/2008	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA 497 FORM For Official Use Only
AREA CODE/PHONE NUMBER 650-858-4915	I.D. NUMBER (if applicable) 491179	Report No. LCR08-451			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY PALO ALTO, CA	STATE CA	ZIP CODE 94301	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/2008	YES ON 11, HOLD POLITICIANS ACCOUNTABLE (#1308387) San Rafael, CA 94901	PROPOSITION 11 Statewide	10,000.00	

☒ Secretary of State Political Reform Division
 FAX: (916) 653-5345
☒ San Francisco County Registrar of Voters
 FAX: (415) 554-7344
☒ L.A. County Registrar/Recorder Campaign Reporting
 FAX: (562) 651-2548
☐ FAX: ()

Reason for Amendment:

7949.01 *[Signature]* *[Signature]* *[Signature]*

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER CONTESSA PREMIUM FOODS		Date of This Filing 10/30/2008	RECEIVED AND in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 110-812-8040	I.D. NUMBER (if applicable) 1313203	Report No. LCR08-465		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY SAN PEDRO, CA	STATE CA	ZIP CODE 90731		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/2008	YES ON 11. HOLD POLITICIANS ACCOUNTABLE (#1108387) San Rafael, CA 94901	PROPOSITION 11 Statewide	15,000.00	

☒ Secretary of State Political Reform Division
FAX: (916) 653-3045
☒ San Francisco County Registrar of Voters
FAX: (415) 554-7344
☒ L.A. County Registrar/Recorder Campaign Reporting
FAX: (562) 651-2548

☐ FAX: ()

Reason for Amendment:

7944.01 8 98WJ SA

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Catholic Conference		Date of This Filing 10/30/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 916-313-4011	I.D. NUMBER (if applicable) 1312126	Report No. 3-2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814		
No. of Pages 1				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Eliminates Right of Same-Sex Couples to Marry.			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				8	Statewide	✓	

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/25 to 10/30	Staff Time to develop materials for California Diocese use	1425.00

Reason for Amendment: _____

MD

497 Contribution Report

MISC

Type or print in ink.
Amounts may be rounded to whole dollars.

S

NAME OF FILER Charles M. Holmes Supporting Foundation		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State 1313217
AREA CODE/PHONE NUMBER (503) 223-9000	I.D. NUMBER (if applicable) 8	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Portland	STATE OR	ZIP CODE 97201	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	No on 8/NCLR Social Justice Fund PAC San Francisco, CA 94102	Prop 8	\$15,000 ⁰⁰	11/4/08

Reason for Amendment: _____

10/30/2008 16:47 OLSON, HAGEL 9164421280 + SOS Oct 30 2008 17:53 NO. 196 P001

MISC

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Stanley K. Zimmerman		Date of This Filing 10/30/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only OCT 30 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (310) 909-0950	I.D. NUMBER (if applicable) 482434	Report No. 1616	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY El Segundo, CA	STATE CA	ZIP CODE 90245	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/2008	Loni Hancock for State Senate 2008 (#1293127) Berkeley, CA 94705	Loni Hancock State Senator Senate District : 9	3,600.00	

Reason for Amendment: _____

[Signature]

P.1

4155810805

E Q C A

Oct 30 08 11:46a

MD

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Misc

S

NAME OF FILER Dudley Snyder		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State For Official Use Only R
AREA CODE/PHONE NUMBER 212-587-8918	ID NUMBER (if applicable)	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY New York, NY	STATE NY	ZIP CODE 10007-2411	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	No on 8 - Equality California San Francisco CA 94114	Prop 8 - Eliminates rights for same sex couples to marry OPPOSED	\$5,000	11/4/08

Reason for Amendment: _____

MBC

S

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Gannett Fleming, Inc.		Date of This Filing 10/29/08	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED In the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 717-763-7211	I.D. NUMBER (if applicable) 1229269	Report No. B		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY Camp Hill	STATE PA	ZIP CODE 17011	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/28/08	North Bav Transportation Alliance Petaluma CA 94954	Measure Q Marin and Sonoma Counties	1,000.00	11/04/08

Reason for Amendment: Contribution within 16-day period prior to election.

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER WILLDAN GROUP, INC		Date of This Filing 10/29/2008	Date Stamp OCT 30 2008	CALIFORNIA FORM 497 For Official Use Only DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (714) 940-6300	I.D. NUMBER (if applicable) 490135	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY ANAHEIM	STATE CA	ZIP CODE 92806	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/21/2008	COMMITTEE TO RE-ELECT LEON GARCIA ID# 1290177 COVINA, CA 91722	LEON GARCIA UPPER SAN GABRIEL WATER DISTRICT, DIRECTOR; OFFICE HELD	1000.00	11/4/2008
				11/4/2008

Reason for Amendment: _____

MISC

S

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Jacobs Engineering Group Inc.		Date of This Filing 10/30/08	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 626-578-6854	I.D. NUMBER (if applicable) 481035	Report No. 1	RECEIVED FILE Date Stamp Office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State For Official Use Only K
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	
CITY Pasadena	STATE CA	ZIP CODE 91105	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	San Francisco Democratic County Central Committee C/O Platinum Advisors San Francisco, CA '94111 ID #742051	N/A	\$5,000.00	11/4/08

Reason for Amendment: _____

Late Contribution Report

misc
Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Franklin P. Johnson			Date of This Filing 10/24/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1228633		Report No. 001		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Palo Alto	STATE CA	ZIP CODE 94301			

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/24/2008	Yes On 11-Hold Politicians Accountable El Segundo CA 90245 1308387	Proposition 11 California	5000.00	

Reason for Amendment: _____

NO. 163 P. 2

OCT. 30. 2008 2: 35PM

MD

MISC

S

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER JKL Trust		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	CALIFORNIA FORM 497 RECEIVED AND FILED in the office of the Secretary of State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Kihei	STATE HI	ZIP CODE 96753	No. of Pages	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTERED NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$10,000	

Reason for Amendment: _____

S

MD

MISC

Type or print in ink.
Amounts may be rounded to whole dollars.

497 Contribution Report

497 CONTRIBUTION REPORT

NAME OF FILER Laura Ricketts		Date of This Filing _____	Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 Official Use Only R 1313205
AREA CODE/PHONE NUMBER 773-506-8607	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Chicago	STATE IL	ZIP CODE 60660		
No. of Pages _____				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	NO on 8 - Equality California San Francisco, CA 94114	Proposition 8 <u>OPPOSED</u>	\$100,000	11/4/08

Reason for Amendment _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Alice Russell-Shapiro		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State R
AREA CODE/PHONE NUMBER 415-434-2821	I.D. NUMBER (if applicable) 1276061	Report No. 1	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94104	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	No on 8, Equality for All FPPC ID #1259396 West Hollywood, CA 90069	No on 8, Equality for All	\$5,000	

Reason for Amendment: _____

Oct 30 2008 3:12PM RS ASSOCIATES 415-434-2822

415-434-2822
RS ASSOCIATES
Oct 30 2008 3:12PM
P.1

MISC

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER William Russell-Shapiro		Date of This Filing 10/30/08	Date Stamp OCT 30 2008	CALIFORNIA FORM 497 RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 415-434-2821	I.D. NUMBER (if applicable) 482147	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94104	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/08	No on 8, Equality for All FPPC ID #1259396 West Hollywood, CA 90069	No on 8, Equality for All	\$5,000	

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Loren Carroll			Date of This Filing 10/30/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only 1313247 R
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		Report No.		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Kingwood	STATE TX	ZIP CODE 77345	No. of Pages		

2. Contribution(s) Made

DATE MADE	FULL NAME STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CAND/DATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29/08	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$5,000	

Reason for Amendment: _____

OCT. 30. 2008 1:53PM

OCT 30 2008 14:12
NO. 159 P. 1

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Brhmer For Judge		Date of This Filing 10/30/08	RECEIVED AND in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 322-1800	I.D. NUMBER (if applicable) 1305610	Report No. 2008-03		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Bakersfield,	STATE CA	ZIP CODE 93309		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE ^A	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2008	George Martin Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Borton, Petrini & Conron, LLP	\$2,500
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment _____

FPPC Form 497 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

10-30-'08 15:09 FROM-C. Brehmer, Atty.

661-322-7072

Oct 30 2002 15:17

T-013 P002/002 F-276

MD

MISC

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Jay Mortensen			Date of This Filing 10/30	Date Stamp	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1312788		Report No.	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Laguna Hills	STATE CA	ZIP CODE 92653-5317	No. of Pages		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$5,000	

Reason for Amendment _____

S

OCT. 30. 2008 12:00PM

OCT 30 2002 12:18
NO. 147 P. 8

MD

497 Contribution Report

MISC

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Corene Malloy		Date of This Filing 10/30	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State <i>R</i>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1313133	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Valencia	STATE CA	ZIP CODE 91355-3130	No. of Pages _____	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProectMarriage.com Sacramento, CA 95833	Proposition 8	\$2,000	

Reason for Amendment: _____

OCT. 30. 2008 12:00PM

OCT 30 2002 12:17
NO. 147 P.7

MD
497 Contribution Report

MISC
Type or print in ink.
Amounts may be rounded to whole dollars.

S

NAME OF FILER Richard Peery		Date of This Filing 10/30	RECEIVED AND FILED in the office of the Secretary of the State of California OCT 30 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT	
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable)	Report No. _____		CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Santa Clara	STATE CA	ZIP CODE 95054			
		No. of Pages _____		R	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/29	ProtectMarriage.com Sacramento, CA 95833	Proposition 8	\$20,000	

Reason for Amendment: _____